



COMECC

Commonwealth of
Massachusetts Employees
Charitable Campaign

Note: Every federation, federation affiliate and individual organization is limited to *one* listing in the brochure. This form is also available on the COMECC website at www.state.ma.us/hrd/comecc.

Reapplication Form for Participation in the 2004 COMECC Campaign

Category: ☐ Individual organization ☐ Federated agency (Federation)

Region:
(check one)

☐ Region I: Essex, Middlesex, Norfolk, Suffolk Counties

☐ Region II: Barnstable, Bristol, Dukes, Nantucket and Plymouth Counties

☐ Region III: Worcester County

☐ Region IV: Franklin, Hampden and Hampshire Counties

☐ Region V: Berkshire County

Please note that organizations will be listed by their incorporated names only.

Pursuant to the provisions of Governor's Executive Order No. 451,

(name of organization)

hereby *reapplies* for participation in the 2004 Commonwealth of Massachusetts Employees Charitable Campaign (COMECC).

In order to be considered a federated agency (federation), an entity must have no fewer than ten eligible, participant organizations as members. Include a list of member organizations, as they are to appear in the brochure, with this application.

Please type or print the following information:

Name of individual organization or federated agency head _____

Title _____

Name of individual organization or federated agency _____

Address _____

Telephone () _____ Fax Number () _____

If a federation of agencies is reapplying, the federation and each member organization must supply full documentation, including this face page.

We hereby reapply for participation in the 2004 Commonwealth of Massachusetts Employees Charitable Campaign (COMECC). I certify that there have been no substantial changes to this agency's programs and services within the region in the past year except as noted on this form. I certify that the programs and services provided continue to serve residents within Region ____.

If a federation, I certify that there have been no substantial changes in any of the listed agencies' programs and services during the past year except as noted on this form. I certify that the programs and services of the listed agencies continue to serve residents within Region ____.

Exceptions: Including changes in programs and services, new 25 word statement, new category listing, etc.

Place a check in one appropriate box:

☐ I certify that the organization named in this application in the immediately preceding year has spent 25 percent or less of its total support and revenue on administrative and fund-raising expenses. The actual percentage of administrative and fund-raising expenses is ____ percent. This percentage shall be computed from information on the IRS Form 990 by adding the amount spent on "management and general" (line 14) to "fund-raising" (line 15) and dividing the resulting total by "total revenue" (line 12); or

☐ I certify that the organization named in this application in the immediately preceding year has spent in excess of 25 percent of its total support and revenue on administrative and fund-raising expenses. The actual percentage of fund-raising and administrative expenses is ____ percent and that figure is reasonable under the circumstances. (Include as Exhibit A detailed justification of the organization's administrative and fund-raising expenses and a detailed plan to reduce expenses to 25 percent in the next fiscal year.)

A photocopy of Certificate for Solicitation or Certificate of Registration with a Certificate End Date of May 31 2002 and after. Mark this copy "Exhibit B." (See attached letter from the Office of the Attorney General)

If a federation or individual organization is listed in more than one region, said federation or individual organization will be listed showing the regions where it is accepted **or** it can designate the region where it wishes to be listed.

Name of organization _____ in region number _____

If a federation affiliate is listed in more than one federation in the same region, it must designate a single federation for listing purposes.

Name of affiliate _____ Name of federation _____

All reapplications shall submit the following documentation:

1. If the organization's actual percentage of fundraising and administrative expenses is more than 25 percent, include a detailed justification and plan to reduce expenses to 25 percent or less in the next fiscal year. Mark this as "Exhibit A."
2. A photocopy of Certificate for Solicitation or Certificate of Registration with a Certificate End Date of May 31, 2002 and after. Mark this copy "Exhibit B." (See attached letter from the Office of the Attorney General.)
3. Current list of names and addresses of board members. Mark this list "Exhibit C."

I attest that no significant change has taken place within this individual organization which would deem it, or if a federated agency (federation), the federation itself and the participant member organizations within the federation, ineligible for participation in the 2004 COMECC, except as noted on this form.

Signature of individual organization/federated agency head:

This application and its *three* marked exhibits shall be submitted by each individual organization and by each federated agency and *each of its eligible member agencies*.

If the Local Campaign Manager requests additional information or supporting documents to verify information supplied in the reapplication form, the individual organization/federation must comply within seventy-two (72) hours of the request.

**Completed reapplication form(s) and supporting documentation
must be received by the appropriate Local Campaign Manager
no later than MONDAY, AUGUST 11 2003, 5:00 p.m. local time.**